***Client and Patient Release Form***

Fecal Cortisol Test &

Microbiome Study

**Fecal Cortisol Test**

Feces can be used to test for markers of chronic stress, specifically cortisol: our body's stress hormone. We use comparisons of the cortisol level prior to treatment and then subsequent testing (every 3-6 months as determined by your veterinarian) as an indication of how well our behavioral interventions are affecting your pet's overall stress level. Fecal cortisol testing is a specialized test that only one laboratory in the United States currently performs and thus samples will need to be submitted through our office.

This test is $120.00 for each submission.

**Fecal Microbiome Study**

Microbiologists at George Mason University is conducting research on the bacterial populations in the GI tract of dogs and cats. The goal of the study is to identify how the flora changes based on their diagnoses, clinical symptoms, and treatment responses.

This test is no charge.

**Fecal Sample Preparation**

The feces must be fresh - within 4-6 hours of defecation.

We only need 2 Tbsp each time of stool for each submission.

* I, the undersigned owner or agent, hereby consent and authorize Dr. Amy L. Pike and Meaghan Ropski to submit my pet’s fecal sample for evaluation and study purposes.
* I acknowledge that the feces will undergo testing and evaluation in accordance with the study protocol(s) as determined by the investigator(s).
* I further understand that I will not be notified of any results in accordance with the study itself. However, if the sample is also submitted for a particular monitoring parameter that is individual to my pet’s care, I will be notified of any testing results.
* I understand that I may be required to submit future fecal samples as part of the study or to monitor treatment success.

**Consent Options**

I consent to the above and will bring a sample to submit for both fecal cortisol and microbiome testing.

I only consent to submit for the microbiome testing and wish to decline the fecal cortisol test.

I will bring a sample, but I would like to discuss testing further with my doctor.

I decline submitting a sample.

Owner Name:

Date:

If you consent to the testing, please sign below electronically by typing in your full legal name or alternatively print this form out, sign with your legal signature, and bring it with you to your appointment.

Signature: